

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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FEB 29 2012

BY: B. J. H.

Please type or print in ink.

2012 FEB 29 PM 3:51

NAME OF FILER

(LAST)

Olsen

(FIRST)

Kristin

(MIDDLE)

Michelle

**1. Office, Agency, or Court**

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

Assembly District 25

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

-or-

The period covered is 1/1/11, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_\_

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this if

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/29/12

(month, day, year)

Signature

# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Kristh Olsen

► NAME OF SOURCE

Picayune Rancheria of the Chuckchansi Indians

ADDRESS (Business Address Acceptable)

46575 Rd 417 Bldg C

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Coarsegold, CA 95614

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 8 / 11</u>	<u>\$ 272.06</u>	<u>Dinner, Concert &amp; Room</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE

AgriBusiness Presidents Council

ADDRESS (Business Address Acceptable)

2300 Rover Plaza Dr Suite 100

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95833

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 9 / 11</u>	<u>\$ 229.74</u>	<u>Dinner @ The Kitchen</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE

Miller Coors

ADDRESS (Business Address Acceptable)

411 East Wisconsin Ave

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Wilwaukee, WI 53202

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 1 / 11</u>	<u>\$ 54.49</u>	<u>Dinner</u>
<u>6 / 28 / 11</u>	<u>\$ 116.91</u>	<u>Beverages for Event</u>
<u>8 / 24 / 11</u>	<u>\$ 13.50</u>	<u>lunch</u>

► NAME OF SOURCE

Friends of the San Joaquin Valley

ADDRESS (Business Address Acceptable)

5010 N Woodrow Ave. Suite 200 , M/S WC 142

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Fresno, California 93740

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	<u>\$ 100.00</u>	<u>Dinner@Wine&amp;Roses</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Rosemead, CA 91770

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 19 / 11</u>	<u>\$ 417.36</u>	<u>Disney on Ice Tickets</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE

CA Citrus Mutual

ADDRESS (Business Address Acceptable)

512 North Kaweah Ave

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Exeter, CA 93221

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 26 / 11</u>	<u>\$ 78.95</u>	<u>Dinner w/ Board</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Kristin Olsen

► NAME OF SOURCE

Amgen

ADDRESS (Business Address Acceptable)

1 Amgen Center Dr

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Thousand Oaks, CA 91320

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 17 / 11</u>	<u>\$ 250.00</u>	<u>Amgen Tent</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Klamath Alliance for Resources & Environment

ADDRESS (Business Address Acceptable)

P.O. Box 1234

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Yreka, CA 96097

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 19 / 11</u>	<u>\$ 300.92</u>	<u>KARE Tour</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Sierra Pacific Industries

ADDRESS (Business Address Acceptable)

P.O. Box 496028

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Redding, CA 96049

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 19 / 11</u>	<u>\$ 206.00</u>	<u>KARE Tour</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Timber Products

ADDRESS (Business Address Acceptable)

305 4th Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Springfield, CA 97477

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 19 / 11</u>	<u>\$ 113.00</u>	<u>KARE Tour</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Matthew Swanson

ADDRESS (Business Address Acceptable)

P.O. Box 2367

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Turlock, CA 95381

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 10 / 11</u>	<u>\$ 108.51</u>	<u>Food &amp; Beverages</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CA Veterans Benefit

ADDRESS (Business Address Acceptable)

10311 Woodside Dr

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Forestville, CA 95436

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 22 / 11</u>	<u>\$ 200.00</u>	<u>Luncheon</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Kristin Olsen

► NAME OF SOURCE

California Poultry Federation

ADDRESS (Business Address Acceptable)

4640 Spyres Way Suite 4

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Modesto, CA 95356

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 11	\$ 225.06	Dinner@The Kitchen
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Kristin Olsen

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

CA Dental Association

ADDRESS (Business Address Acceptable)

1201 K Street, 14th Fl

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Spoke on Panel, Lodging and Meals

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: \_\_\_\_\_

2012 MAR 21 PM 2:48

**SCHEDULE D**  
**Income - Gifts**



► NAME OF SOURCE

Picayune Rancheria of the Chuckchansi Indians

ADDRESS (Business Address Acceptable)

46575 Rd 417, bldg C, Coarsegold, CA 95614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 11	\$ 272.06	DinnerConcert&Room
/ /	\$	
/ /	\$	

► NAME OF SOURCE

AgriBusiness Presidents Council

ADDRESS (Business Address Acceptable)

2300 Rover Plaza Dr, Suite 100, SAC, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 9 / 11	\$ 229.74	Dinner@The Kitchen
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Miller Coors

ADDRESS (Business Address Acceptable)

411 E Wisconsin Ave, Milwaukee, WI 53202

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Brewer of Beer & Malt Beverage Products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 1 / 11	\$ 54.49	Dinner
6 / 28 / 11	\$ 116.91	Beverages for Event
8 / 24 / 11	\$ 13.50	Lunch

► NAME OF SOURCE

Friends of the San Joaquin Valley

ADDRESS (Business Address Acceptable)

5010 NWoodrow Ave, MSWC142, Fresno, CA 93740

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 11 / 11	\$ 100.00	Dinner@Wine&Roses
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave, Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

generating, transmitting or selling energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 19 / 11	\$ 417.36	Disney on Ice Tickets
/ /	\$	
/ /	\$	

**Filer's Verification**

Print Name Kristin Olsen

Office, Agency or Court State Assembly

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/21/12

(c)(1)

Filer's Signature

Comments:

2012 MAR 21 PM 2:48

SCHEDULE D  
Income - Gifts



NAME OF SOURCE  
CA Citrus Mutual

ADDRESS (Business Address Acceptable)  
512 North Kaweah Ave Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 26 / 11</u>	<u>\$ 78.95</u>	<u>Dinner w/ Board</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

NAME OF SOURCE  
Timber Products

ADDRESS (Business Address Acceptable)  
305 4th Street, Springfield, OR 97477

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lumber and Wood Products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 19 / 11</u>	<u>\$ 113.00</u>	<u>KARE Tour</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

NAME OF SOURCE  
Matthew Swanson

ADDRESS (Business Address Acceptable)  
P.O. Box 2367, Turlock, CA 95381

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 10 / 11</u>	<u>\$ 108.51</u>	<u>Food &amp; Beverages</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

NAME OF SOURCE  
Amgen

ADDRESS (Business Address Acceptable)  
1 Amgen Center Dr, Thousand Oaks, CA 91320

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Global Biotechnology Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 17 / 11</u>	<u>\$ 250.00</u>	<u>Tour of CA Race</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

NAME OF SOURCE  
Klamath Alliance for Resources & Environment

ADDRESS (Business Address Acceptable)  
P.O. Box 1234, Yreka, CA 96097

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 19 / 11</u>	<u>\$ 300.92</u>	<u>KARE Tour</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

**Filer's Verification**

Print Name Kristin Olsen

Office, Agency or Court State Assembly

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/21/12

Filer's Signature (c)(1)

Comments: \_\_\_\_\_

2012 MAR 21 PM 2:48

SCHEDULE D  
Income - Gifts

EB

NAME OF SOURCE  
Sierra Pacific Industries

ADDRESS (Business Address Acceptable)  
P.O. Box 496028, Redding, CA 96049

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Forest Products Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 19 / 11	\$ 206.00	KARE Tour
/ /	\$	
/ /	\$	

NAME OF SOURCE  
California Poultry Federation

ADDRESS (Business Address Acceptable)  
4640 Spyres Way Suite 4, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 11	\$ 225.06	Dinner@The Kitchen
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE  
CA Veterans Benefit

ADDRESS (Business Address Acceptable)  
10311 Woodside Dr, Forestville, CA 95436

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 22 / 11	\$ 200.00	Luncheon
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

**Filer's Verification**

Print Name Kristin Olsen

Office, Agency or Court State Assembly

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/21/12  
(month day year)

Filer's Signature (c)(1)

Comments: \_\_\_\_\_





**SCHEDULE E**

2012 MAR 21 PM 2:48

**Income - Gifts  
Travel Payments, Advances,  
and Reimbursements**

**EB**

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE  
CA Dental Association

ADDRESS (Business Address Acceptable)  
1201 K Street, 14th Floor

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 2 / 3 / 11 - 2 / 4 / 11 AMT: \$ 374.13  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description  
Spoke on Panel, Lodging and Meals

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

**Filer's Verification**

Print Name Kristin Olsen

Office, Agency or Court State Assembly

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☐ Candidate  
(If gift)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/21/12  
(c)(1)

Filer's Signature \_\_\_\_\_

Comments: \_\_\_\_\_